

3 of 4



The William W. Backus
Hospital

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

December 29, 2004

VIA FEDERAL EXPRESS

Ms. Cristine A. Vogel
Commissioner
State of Connecticut
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: The William W. Backus Hospital
Facility enhancement project for inpatient, emergency and surgical
services.

Dear Ms. Vogel:

Enclosed are an original and five (5) copies of our Letter of Intent for the facility enhancement project for inpatient, emergency and surgical services. We are looking forward to working with your staff in the Certificate of Need process.

Please feel free to contact me at (860) 889-8331, extension 2722 should you require additional information or have any questions concerning this matter.

Sincerely,

David A. Whitehead
Vice President, Planning



State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	The William W. Backus Hospital	
Doing Business As	The William W. Backus Hospital	
Name of Parent Corporation	Backus Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	326 Washington Street, Norwich, CT 06360	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	David A. Whitehead VP - Planning	
Contact person's street mailing address	326 Washington Street, Norwich, CT 06360	
Contact person's phone #, fax # and e-mail address	860-889-8331, ext. 2722; 860-892-2728; dwhitehead@wwbh.o	

	rg	
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SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Facility enhancement project for inpatient, emergency and surgical services.

b. Type of Proposal, please check all that apply:

X Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | X Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| X Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition` | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

X Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

X Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):
326 Washington Street, Norwich, CT 06360

d. List all the municipalities this project is intended to serve:
Bozrah, Canterbury, Franklin, Griswold, Lisbon, Norwich, Preston, Sprague, Voluntown, Colchester, Lebanon, Ledyard, Montville, North Stonington, Plainfield, Salem, Scotland, Sterling.

e. Estimated starting date for the project: April 2005

Type of project: 27 and 31 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$40,368,678
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$35,781,945
Medical Equipment (Purchase)	2,789,912
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	1,796,821
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$40,368,678
Fair Market Value of Leased Equipment	
Total Capital Cost	\$40,368,678

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☒ Charitable Contributions ☒ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: The William W. Backus Hospital

Project Title: Facility enhancement project for inpatient, emergency and surgical services.

I, Thomas P. Pipicelli, President and CEO
(Name) (Position – CEO or CFO)

of The William W. Backus Hospital being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that The William W. Backus Hospital complies with the
appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.

Thomas P. Pipicelli
Signature

29 Dec 2004
Date

Subscribed and sworn to before me on 12/29/04

Wanda B. Herrick
Notary Public/Commissioner of Superior Court
WANDA B. HERRICK
NOTARY PUBLIC
MY COMMISSION EXPIRES FEB. 28, 2005

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

PROJECT DESCRIPTION

This project will enhance three high-demand services, all currently provided under the Hospital's acute care license, through facility enhancement projects in each of the following areas:

- Medical-surgical inpatient units;
- Emergency services;
- Surgical services for inpatients and outpatients.

A facility enhancement plan has been designed to be integrated, scalable and highly flexible, allowing the Hospital to respond effectively to changes in the number of patients and the severity of their illnesses, by utilizing staffed inpatient beds operated within the 213 licensed bed capacity held by the Hospital. The result will be care that is more comfortable, more convenient and more efficient for patients and their families.

Two floors in the existing E-wing will be reconstructed and will serve as multi-purpose inpatient medical/surgical areas. The project emphasizes enhanced patient and family comfort, privacy, and clinical flexibility. Of course, units will include the most up-to-date technology, safety and design features and contain these notable improvements:

- A computerized telemetry system to monitor the condition of all patients, providing another important measure of safety and allowing these units to serve the widest range of clinical diagnoses, including cardiac care.
- The majority of rooms will be designed for single-patient occupancy and all rooms will contain private bathrooms with showers.
- A centrally located nursing station will enable good visibility of and prompt access to all patient rooms, facilitating communication between caregivers, patients and families.
- Comfortable, private space for family meetings and patient/family education.
- A second nursing center with direct access to a cluster of patient rooms. This design will allow for the activation of satellite special care areas, if required due to shifting patient volume and clinical needs.

Visits to our Emergency Department have increased more than 25% since the department was last expanded in 1994 to accommodate 38,000 patient visits per year. Currently, 48,000 patients seek emergency care at Backus each year—and this volume is projected to exceed 50,000 visits annually by 2006.

The current Emergency Department and Convenient Care areas are not capable of handling today's volume. Significant enhancements to this area are proposed to provide increased patient convenience, comfort and privacy, and provide the number of treatment areas needed for the current and projected volume.

The project in this area will include:

- Approximately 9,000 square feet of new construction and renovation of existing space.
- Additional trauma capacity for the most life-threatening situations; relocated trauma rooms and a decontamination area.

- Improved traffic flow in and around the department, providing easier interaction between the acute Emergency Department environment and Convenient Care, and simplifying the movement of staff, patients, medical equipment and supplies.
- Increased privacy in the main Emergency Department, as well as more privacy for psychiatric patients.
- More comfortable, well-lighted, separate and larger waiting areas for the acute Emergency Department and Convenient Care.

Today, Backus performs more than twice as many outpatient surgical procedures as inpatient surgeries. This promotes faster recovery, less disruption to patients' lives and overall lower cost. Our outpatient surgery facilities must now expand to accommodate this increased volume.

The floor plan and circulation pattern of the entire surgical area, including inpatient surgery, will benefit greatly from these renovations:

- Approximately 9,000 square feet of new construction and renovation of existing surgical support space in Same Day Surgery.
- A dedicated pre-admission assessment and registration area.
- Four consultation rooms for use by families and physicians.
- A new central corridor to improve traffic flow between the outpatient surgery area and operating suite.
- A larger, more comfortable outpatient surgical waiting area.

The current population served consists of those individuals within the Hospital's primary and secondary service areas, primarily within the towns of Bozrah, Canterbury, Franklin, Griswold, Lisbon, Norwich, Preston, Sprague, Voluntown, Colchester, Lebanon, Ledyard, Montville, North Stonington, Plainfield, Salem, Scotland and Sterling.

The targeted population to be served will be the same as the current population served. There are no other providers of these services in the Hospital's primary service area.

This facility enhancement project will benefit the health care delivery system in eastern Connecticut by providing greater flexibility for patient placement thereby potentially diminishing the need for field diversions and emergency room holds.

Members of The William W. Backus Hospital medical staff and employed health care professionals will continue to provide these services to our patient population.

The payers of these services will be consistent with the current payer mix for The William W. Backus Hospital.

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0037

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

The William W. Backus Hospital of Norwich, CT, d/b/a The William W. Backus Hospital is hereby licensed to maintain and operate a General Hospital.

The William W. Backus Hospital is located at 326 Washington Street, Norwich, CT 06360

The maximum number of beds shall not exceed at any time:

20 Bassinets

213 General Hospital beds

This license expires **March 31, 2006** and may be revoked for cause at any time.

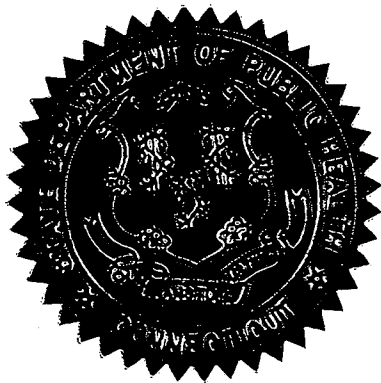
Dated at Hartford, Connecticut, April 1, 2004.

License revised to reflect:

*Removed (2) Satellites effective 8/4/04

Satellites

Backus Infectious Disease & Std Clinics, 107 Lafayette Street, Norwich, CT
Mobile Health Resource Van, Colchester Town Hall, Colchester, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner